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Original Communications.

CASE OF CRIMINAL ABORTION, WITH RETAINED PLACENTA, FOLLOWED BY METRITIS, PELVIC CELLULITIS AND PYÆMIA. RECOVERY.

Read before the Boston Society for Medical Observation, by J. B. TREADWELL, M.D.

Mrs. L., aet. 32, married, mother of one child. Had an abortion three years ago. Has always been healthy.

Nov. 9th, 1867.—Saw patient for first time to-day. Now three months pregnant. During the last three weeks, has taken large quantities of "Dr. Cheesman's Female Pills," cotton root, and various other drugs and popular medicines, for the purpose of procuring an abortion, but without the desired result. On the 6th, four days since, she applied to a female abortionist, who attempted to rupture the membranes by means of some kinds of instruments. Labor pains commenced at 6 o'clock this morning, and have been regular and constant ever since. She also complains of great general uneasiness, and very severe pain in the abdomen which seems to be distinct from the labor pains. There is also considerable tenderness on pressure over the lower part of the bowels, which are somewhat protuberant and tympanitic. Vagina dry and hot. Os uteri dilated to the extent of three fourths of an inch in diameter, with the edges very ragged, as if they had been lacerated and torn. Patient has slept but very little during the last forty-eight hours. Pulse 120. Hot skin, and considerable thirst. To relieve the abdominal pain, which was very severe, I injected gr. ss. of morph sulph., subcutaneously, and ordered turpentine stupes to the abdomen.

10th.—Slept during night. Pulse 118. Less abdominal tenderness. Labor pains ceased during night, but commenced again at 8, A.M. Condition of os uteri same as yesterday. Opiate at night, if necessary.

11th.—Pulse 124. Slept some after opiate. More or less pain all night. Os uteri

rather more dilated. Continue fomentations.

12th, 8, A.M.—Fœtus was expelled about 12 o'clock last night; not much hemorrhage. Os uteri one half inch in diameter. Placenta still remaining within uterine cavity. To have ext. ergot. fl.  $\frac{1}{4}$  xx. every half hour until four doses have been taken. 6, P.M.—Same condition of things as at morning visit. Made an attempt to remove placenta with forceps, but succeeded in getting away only a few small pieces, which were very soft, and offensive to the smell. Some hemorrhage followed the attempt. Plugged the vagina, and ordered tinct. opii, ext. ergot,  $\frac{1}{2}$  ss., to be taken at once.

13th, 11, A.M.—Much the same as yesterday. Pulse 128. General condition unsatisfactory. Made another attempt to remove placenta with forceps, but failed. I then gradually dilated the parts with my hand until I could pass one finger into the uterine cavity, and found the placenta adherent to the "fundus" anteriorly. Removed all that I could without the employment of more force than was desirable—making in all removed about one half the entire placenta. Plugged the vagina, and ordered tinct. opii gtt. xxx., to be repeated at 6, P.M.

14th.—Slept some after opiate. Pulse 120, moderately full. Considerable abdominal soreness and distension. Rather feverish during night. Tinct. opii p. r. n. Quinæ sulph. gr. i. 4 t. d. Stupes to abdomen.

15th.—Same as yesterday. Lochial discharge offensive. Pain and tenderness in left iliac region. Vagina to be syringed out with warm water three times a day. Continue treatment.

16th.—Passed an uncomfortable night. Abdominal symptoms as yesterday, with a little more tenderness and some induration in left iliac region. No vaginal tenderness, except when pressure is made upon the neck of the uterus. Pulse 130. Complains of slight pain in right elbow. Tincture of iodine painted over left iliac region. Spirit fomentations to elbow. Continue treatment.

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17th.—Abdominal symptoms same as yesterday. Slight pain in right elbow. Temperature in right axilla,  $102\frac{1}{2}$ ; in left axilla,  $99\frac{1}{2}$ . Pulse 148. Slight swelling and a tinge of redness about elbow-joint. Quinine sulph. gr. ij. 4 t. d. Sherry  $\frac{3}{ss}$ . every three hours. Tr. ferri chlor. gtt. xx. 4 t. d. Opiate at night, if required.

18th.—Had a fair night. Pulse 130, stronger than yesterday. Elbow and arm and forearm about elbow more swollen than yesterday, with considerable redness. Temperature same as yesterday. Less abdominal tenderness. Wine increased to  $\frac{3}{i}$ . every three hours. Continue treatment.

19th.—More comfortable than yesterday. Temperature same as before, and no difference between morning and evening. Pulse 116, good. Continue treatment.

20th.—General condition about the same as yesterday. Complains of pain in right elbow, which is somewhat swollen and edematous. Pulse 112. Temperature in right axilla,  $103^{\circ}$ ; in left axilla,  $100^{\circ}$ .

21st.—Complains of pain in left groin. Femoral vein hard and cord-like. Still some feeling of induration in left iliac region, and tenderness on pressure over uterine region. Vaginal examination reveals same condition of things as before. Tr. iodine painted over tender spot in groin, to be followed by warm fomentations. Continue treatment.

22d, 10, A.M.—Elbow more swollen, and rather severe pain for last four hours. Pitting on pressure, and obscure deep fluctuation in front of the joint. Pulse 130. Spts. frumenti  $\frac{3}{vi}$ . daily, in addition to wine. Continue treatment. 3, P.M.—Patient etherized, and several incisions made about joint, giving exit to considerable serum, with which the tissues in the neighborhood are infiltrated. Directly in front of the joint, opened into an abscess containing about  $\frac{3}{ss}$ . of not very unhealthy looking pus, which was evacuated, a counter opening made, and a small seton put in. Poultice, and sol. potass. permangan.,  $\frac{3}{ss}$ .  $\frac{3}{i}$ , for dressing. Continue treatment.

23d.—Feels better than yesterday. Pulse 128. Tenderness in groin about the same as before. Wine  $\frac{3}{vij}$ , whiskey  $\frac{3}{vij}$ , daily. Continue treatment.

24th.—Pulse 112, good. Discharge from elbow not very copious. Seton removed. Continue treatment.

25th.—Slight cough. Mucous râles and coarse crepitant heard at lower part of right back; slight dulness over same region. Pulse 120. Temperature  $101^{\circ}$ ; no difference between the two sides. Increase

whiskey to  $\frac{3}{xij}$ . daily. Turpentine stapes to chest. Continue treatment.

26th.—Thoracic symptoms improved. Rather more tenderness in left groin; no swelling. Pulse 108, good. Continue the treatment.

27th.—Generally the same. Lochial discharge offensive. Discharge from elbow nearly ceased. Vaginal injection of liq. sodio chlorin.  $\frac{3}{i}$ .— $\frac{1}{i}$ . Continue treatment.

28th.—Much the same. Incisions about elbow healing. Pulse 108, good. Continue treatment.

29th.—Same, except a little more cough; no physical signs. Continue treatment.

30th.—More tenderness about groin. Slight fulness in left iliac region. Continue iodine, and fomentations to groin and lower part of abdomen. Other treatment also as before.

Dec. 1st.—Lochial discharge nearly stopped. Pulse 108. Continue treatment.

2d.—Some pain in groin, but not severe. Slight abnormal fulness to the outside of femoral vessels. Not feeling as well as yesterday. Pulse 120, not good. Wine  $\frac{3}{x}$ , whiskey  $\frac{3}{xij}$ . daily. Continue treatment.

3d.—Had a restless night, on account of pain in groin. Swelling in groin slightly increased since yesterday. Obscure fluctuation below Poupart's ligament, and just to the outside of the femoral vessels. 3, P.M.—Patient etherized, and an incision made down to the psoas muscle, just below Poupart's ligament, opening into a somewhat diffused abscess containing  $\frac{3}{ss}$ . of sanguous pus. There was a sinus running up along the psoas muscle over the brim of the pelvis. A counter-opening was made under the tendon of the rectus, on the outer aspect of the thigh, and a seton put in. Poultice, and sol. potass. permangan. for dressing.

4th.—Strength failing. Pulse 136, weak. Discharge from groin very copious, reddish in color, very thin and offensive. Seton removed; cavity syringed out with sol. pot. permangan. Wine  $\frac{3}{xij}$ , whiskey  $\frac{3}{xij}$ . daily. Continue treatment.

5th.—Appearing rather better. Pulse 124, and stronger. Dr. Samuel Morrill saw the patient, and gave a decidedly unfavorable prognosis. Continue treatment.

6th.—Rather stronger. Pulse 120. Discharge from groin very profuse, and unhealthy in character. Very profuse perspiration last night. To omit iron, and have all the iron and whiskey she can take. Continue quinine.

7th.—Chill at 6, P.M., followed by fever

and profuse perspiration, but feels pretty well this morning. Pulse 108. Continue treatment.

8th.—Considerable fever, followed by perspiration, last evening. Quinine sulph. gr.  $\frac{1}{2}$  every hour until five doses have been taken, commencing at 10, A.M. Continue other treatment.

9th.—Much improved. But slight fever last evening. Pulse 108, good. Discharge from groin rather less, and better in character. No symptoms of cinchonism. Has taken fourteen ounces of wine and sixteen ounces of whiskey during the last twenty-four hours. Quinine as yesterday. Continue stimulants and injection of sol. potass. permangan.

10th.—Better. Pretty good night; no fever, and but little perspiration. Discharge from groin very much less. But little abdominal tenderness. Continue the treatment.

11th.—Same. Pulse 102. Continue the treatment.

12th.—Same. Quinine reduced to gr. vi.

13th.—Not feeling so well. Fever last night, followed by perspiration. Pulse 112. Quinine to be increased to gr. viii. Continue treatment.

14th.—Had a good night, and feels much better this morning. Pulse 96, good.

It is unnecessary to give the daily record any further; suffice it to say that from this time she continuously and rapidly progressed toward recovery, so that she was able to sit up on the 28th, and a few days after was driven out.

There are a few points connected with this case which are worthy of notice. Notwithstanding the grave nature of the symptoms generally, the tongue continued moist and the appetite good, almost without intermission, throughout the entire duration of the case. The most nourishing food, mostly in liquid form, was given at intervals of three hours, and the consumption of a certain fixed amount rigidly insisted upon; perhaps this, together with the liberal use of stimulants, may have had a tendency to prevent the manifestation of unpleasant symptoms connected with the alimentary canal; at all events, it is certain that if in such cases proper food in sufficient quantity is withheld the stomach soon ceases to demand it at all. Although this patient has naturally an irritable nervous system, there was not any delirium, a symptom which might reasonably have been expected; and any tendency to unpleasant nervous manifestations was immediately relieved by the free use of stimulants. When-

ever the quantity of stimulants was increased, the pulse was diminished in frequency and increased in strength and volume—a sure indication that they were required. At no time were there any indications of over stimulation. The action of quinine in preventing the return of the daily febrile exacerbation was marked and unquestionable. The rapid convalescence is also worthy of note.

#### CONTRIBUTIONS TO DERMATOLOGY.

(Concluded from page 547, vol. lxvii.)

**LUPUS NON EXEDENS.**—The tubercles of this variety of the malady can be destroyed by means of several kinds of caustic, and a healthy action excited. Squibb's "argenti nitras fusus," strong nitric acid, the acid nitrate of mercury, the chloride of zinc and the potassa fusa, are about the only ones that the surgeon need employ. Squibb's preparation of the nitrate of silver is cast into sticks about an inch in length and sharply pointed at one end. These sticks, or "points" as they are familiarly called, do not usually break very readily. They contain five per cent of chloride of silver superadded to the composition of the ordinary nitrate of silver—hence their hardness and superiority. Another advantage is that they always keep pointed while using them.

If the tubercles are situated on the cheeks, on the bridge of the nose, or the scalp, and the diseased structure is soft and boggy, the nitrate of silver points can be employed to plough through as it were the entire mass of tubercular formations, and thoroughly and effectually break them down so that they may not re-appear. If the complaint is very extensive, only a part should be attacked at any one time.

If the alæ nasi are to be treated, the nitrate of silver may not be the most suitable. It is somewhat inconvenient and a little difficult to employ it in this locality on account of the yielding and moving about of the parts when pressed upon with the force requisite to break down the tubercles. The pernitrate of mercury or the chloride of zinc perhaps will be found more convenient and equally effectual. The pain produced is about equal, whichever of the two is employed.

If the tubercles are situated on the ear, the silver can be passed directly through the whole mass and thoroughly break it up. There is generally quite free bleeding, and no small portion of the nitrate is mingled

with the blood and wasted without coming in contact with the morbid growths.

After the application of the caustic the surface is to be washed thoroughly in cold water, and water dressing used. Sometimes the ear thus operated upon swells enormously, and it is well to apprise the patient that considerable inflammation will supervene on the use of any caustic agent, whatever it may be. A warm soft poultice will now be required. In five or six days a slough will be detached, and a raw surface with a more or less healthy aspect will be brought to view. The repetition of a caustic may again be needed; but instead of the silver a thin coating of the chloride of zinc, or nitric acid, or the pernitrate of mercury, no matter which, will be followed by the development of healthy granulations with more certainty than would attend the employment of the former caustic. The base of the lupoid surface is in an atonic condition, and the application of the silver is of less promise than either of the other three just mentioned. For the rapid and certain destruction of the tubercular masses the nitrate of silver is the most efficient weapon, and here ends its superiority. Very likely other tubercles will spring up at some point in close proximity to the previous ones, in which case the silver will again be called for.

Sometimes when this variety of lupus is situated on one of the fingers or on the back of the hand of a hard laboring man—a fisherman, a blacksmith, a shoemaker or farmer—there will be a few tubercles present while other portions of the skin will be thickened with an unorganized mass of papillae, or dry, hard, horny spines, closely crowded together and sticking out above the adjacent skin perhaps the tenth of an inch. These cases occur, but they are rare, and exceedingly slow in their growth. The best local application to these patches is the potassa fusa; and several days will be required for the action of this caustic to work its way down to the derma. When this is reached and the *debris* is removed, the exposed surface should be touched with a delicate coating of the chloride of zinc or acid nitrate of mercury or nitric acid. The tubercles are, as in all other instances and places, to be destroyed with the nitrate of silver points.

If the hypertrophied patch should be free from irritation and at the same time considerable cuticular desquamation overspreads the surface, acetic acid, diluted with two parts of water, will be found a suitable application.

The foregoing is about all the treatment which *lupus non exedens* admits of, wherever it may be situated.

Although success may for a time attend our efforts in reducing the disease to the lowest point possible, it will be well to apprise the patient that the tubercles will be very likely to re-appear; for the history of lupus abundantly proves that there is no variety which shows so frequent tendency to recur as the tubercular, and it is rarely in the power of medicine or surgery to destroy this tendency.

Sometimes the patient suffers from an attack of erysipelas during treatment, especially if the face is the part diseased. This occurrence has been known to act as a healing process to the lupoid affection and apparently to diminish the chances of a recurrence.

In the local treatment of *lupus exedens*, the first step is to clear away any scabs or crustations that may have formed; then wipe away the ichorous or purulent deposit or blood that lies upon the ulcerated surface, which may then be touched with a sharp caustic. Various caustics have been recommended and have proved efficient in different hands. Hebra is partial to the nitrate of silver. In recent cases of small extent, or when the granulations are soft and readily broken down, this caustic is sufficient to accomplish the object desired; or when solitary tubercles spring up within the area or just outside of the diseased surface, as they are very apt to do, the silver is well suited to accomplish their destruction, which will very likely be followed by the healing up of the part which was the site of the tubercle. But where the surface is free from tubercles or the remains of tubercles, and is simply a lupoid ulcer, the nitrate of silver has proved, in my experience, less effectual than the acid nitrate of mercury or the chloride of zinc. Generally, this lupoid surface is seen dotted over with very minute granular bodies, as if a process of healthy granulations had been commenced, but arrested in their development. Such a surface is quite hard to the touch, much more so than a normal healthy granulating surface, and if an attempt be made to reach the bottom of this morbid growth with the silver, it is apt to be a failure. A thin slough is produced; but in five or six days the surface which yielded it will present an appearance identical with that exhibited before the application of the caustic in question. This mode of procedure, of course, is quite ineffectual, however long continued. Nothing like the

desired recuperative action is excited. With the acid nitrate of mercury, or the chloride of zinc, the depth to which they can be made to reach is almost unlimited; and yet their judicious application is free from danger, although not free from pain. If a large surface is diseased, only a small part should be subjected to the caustic at any one time. In two or three days, another section should be treated in like manner, and so on as fast and as far as the patient can tolerate. If the zinc is used, it should be in a state of perfect deliquescence. It is then of about the consistence of glycerine, and is to be applied with a camel-hair brush. Some writers advise that it be made into a paste with flour and glycerine; but when thus mixed it runs in every direction when applied to the skin, to say nothing of its comparative weakness in consequence of its union with the other two inert substances.

If the acid nitrate of mercury is selected, it is to be applied with a camel-hair brush, in the same manner as the chloride of zinc. If the strong nitric acid is preferred, it is to be made into a paste with sublimed sulphur, and applied by means of a glass rod or a wooden spatula, and may be allowed to dry on the part.

After the caustic is applied, the part is to be coated over with collodion. This dries at once, and serves to mitigate the pain. Nothing by way of interfering with the eschar should be allowed.

*Hydrargyri Iodidum Rubrum*.—M. Cazenave considered this the best topical application that could be employed in lupus. He used it in thin layers every six or eight days to small portions of the diseased surface at a time, in the form of a caustic ointment, made of equal parts of the iodide, oil and lard. Dr. Tilbury Fox, of London, in his valuable Treatise on Skin Diseases, regards the biniodide as superior to any other external application in bad cases of lupus. His formula is:—R. Hydrargyri biniodidi, 3*i.*; glycerine, 3*i.* M. I have tried this last prescription in three cases of lupus ulceration. It improved the condition of the affected parts, and in a few weeks cicatrization took place in a satisfactory manner. The action produced by it appeared to be quite similar in these cases to that of the chloride of zinc and the liquor hydrargyri pernitrat.

Thus it will be seen that a variety of remedies have been tried, and have had their advocates from time to time, in the treatment of the malady under consideration. In some instances, the lesion is per-

fectly cured in few weeks, and never returns; in others, the success is only apparent, for in a few weeks or few months, the abnormal action reappears, the patient exhibits unmistakable signs of a depressed vitality and vitiated condition of the blood; and, notwithstanding the most judicious efforts put forth for his recovery, the disease advances slowly to a fatal termination.

#### CHALK-EATING.

MR. EDITOR.—A gentleman who has been an occasional patient of mine for twenty-five years past, began the use of chalk in 1842. I have made notes of the case, when I have had occasion to see him, since April, 1844. For some time previous to using the chalk he was pale and sallow, and was affected with diarrhea, which followed an attack of fever. His weight was then 135 pounds. During the first year, he took fifty pounds of prepared chalk, regained his health, and reached a weight of 180 pounds. The chalk was then omitted for a year or more, as his desire for it ceased. The year previous to May, 1846, he used about three fourths of a pound per week. In November, 1850, he reported a constant use of one pound per week, except for a short time when he was unable to procure it. His health continued good, and his weight was undiminished. Its use was then suspended for a year previous to July, 1852. From this date to the present time—February, 1868—period of fifteen years and a half, he has continued to take it at the full rate, one pound per week. The total amount used, as nearly as it can be estimated, is 1050 pounds—half a ton of chalk in about twenty-five years! The chalk has been taken simply to satisfy a craving for it, and to relieve gastric irritation, which yields immediately to its ingestion. During the first half of the period, his health was not sensibly impaired by the use of chalk; latterly, however, he has been an invalid, and has led an inactive life; but how much of his debility and suffering have been due to the habit in question is not easy to determine. His bowels have been generally regular. His appetite and digestion are somewhat impaired, and his appearance is decidedly valetudinary. His age is 67 years, and his present weight is 145 pounds, being less than for two years past.

In January, 1867, I noticed a general discoloration or "bronzing" of the skin. His urine, being examined at the time, was of natural color, slightly alkaline, and free

from albumen. The dark color of the skin is now somewhat intensified, resembling a mulatto. There is some irregularity in the action of the heart, with a strong mitral regurgitant murmur. He uses tobacco, and stimulants in moderation, and for three years past has taken morphine not exceeding one grain daily. From the time of my first acquaintance with this patient to his commencing the use of chalk, he was subject to functional derangements of the stomach, which, during the next ten years, were relieved by the comparatively moderate use of his favorite article. During the later years, it is not improbable that the chalk has operated injuriously as an indigestible substance. I have reported the case, with its principal features, as a sort of medical anomaly, rather than with the belief that it possesses any practical importance.

W. W. ELY.  
Rochester, N. Y., February, 1868.

## Hospital Reports.

### MASSACHUSETTS GENERAL HOSPITAL.

Surgical Operations for the week ending February 15th.  
Reported by MESSRS. H. H. A. BEACH and  
THOS. WATERMAN, JR.

[Continued from page 57.]

7. *Re-amputation of Leg.* By Dr. S. CABOT.—Patient, 22 years old, had his ankle-joint excised for necrosis, August, 1867. Two months later, owing to the unheathy condition of the soft parts, the leg was amputated at the junction of middle and lower thirds. The stump was irritable, the skin adhering to the bones, and a sinus existing, which refused to heal under any treatment. Leg amputated by anterior and posterior flaps, periosteum scraped back, and an inch and a half of the bones removed.

8. *Necrosis of Tibia.* Dr. H. J. BIGELOW.—Male, at. 58. Twelve years ago, had a compound fracture of both bones of left leg at its middle. In two years, the fracture had united and wound healed, but with deformity. Three years later, a "sore" appeared over point of fracture, which has refused to heal. Five weeks ago, after exposure, the limb became highly inflamed about this point, and increased till it was twice the size of the other, with an irregular ulcer, having an offensive grayish discharge. At the bottom of this ulcer could be seen the diseased tibia. The bone was exposed by incisions through the integument. Two discs were then removed from the involucrum, three inches apart,

and their periphery united by parallel cuts through the bone with a circular saw. A large quantity of necrosed bone was thus exposed and removed. There was considerable oozing from the cavity, which was plugged with dry lint and bandaged.

9. *Fistula in Ano.* Dr. S. CABOT.

10. *Painful Stump; Re-amputation of Leg.* Dr. H. J. BIGELOW.—Male, at. 23. Four years ago, patient's right leg was amputated at the junction of the middle and lower thirds, while in the army. The stump has been painful and irritable since. One year ago, a large piece of necrosed bone was removed from its end. The cicatrix was firmly attached to the end of the bone, and pressure upon this occasioned tremor of the limb. Two lateral skin-flaps were made, and the limb re-amputated three inches above the original point.

11. *Lithotrity.* Dr. S. CABOT.—Patient, 59 years old, has had an irritable bladder for ten years, and for the past five years has used a catheter. The urine contained an abundant deposit of pus and triple phosphates. As the prostate gland was about twice its normal size, there was a question between lithotomy and lithotrity. This was finally decided by the character of the stone, which was found to be mainly phosphatic. The lithotrity was introduced—the bladder being full—and a calculus, two inches in diameter, was repeatedly crushed with slight force.

12. *Cancer of Breast.* Dr. H. J. BIGELOW.—Patient, at. 50. Six months ago, a "stinging" pain first called her attention to the tumor, which has grown to the size of a hen's egg. It occupied the middle of the right mamma, was movable on the surface beneath, but adherent to the integument over a space as large as a silver half dollar, which included the nipple. The tumor, together with the whole gland, including also the adherent integument, was excised.

13. *Hydrocele Tapped.* Dr. S. CABOT.

Operations for the week ending February 22d.

1. *Necrosis of Tibia.* Dr. R. M. HODGES.—Female, at. 15. One year and a half ago, without known cause, commenced to have pain in right leg, which was followed by redness and swelling at a point midway between the ankle and the knee. In three months, a sore appeared over the tibia at the junction of the middle and lower thirds, from which was discharged, a short time after, a small piece of necrosed bone. Upon entrance, at the points described above the integument was red, swollen and œde-

matous, with a fistula communicating with dead bone. The fistula was extended down the leg by an incision through the integument over the crest of the tibia, for four inches. A section of involucrum, two inches long and one half wide, was removed by the chisel, and a sequestrum four inches in length extracted.

2. *Ganglion.* Dr. S. CABOT.—This young woman had a ganglion on the dorsum of the hand, of six months' duration. The capsule was divided subcutaneously, and the fluid squeezed into the cellular tissue.

3. *Abscess of Thigh.* Dr. S. CABOT.—This boy, at 16, had an immense abscess, of seven weeks' duration, occupying the whole front of the thigh. It was incised in two places, and a seton introduced.

4. *Ankylosis of Knee; Excision.* Dr. H. J. BIGELOW.—Male, at 12. When 7 years of age, received an incised wound, one inch in length, between the outer border of the patella and the external condyle of the femur, from a hatchet thrown with considerable force. Severe inflammatory action followed, confining him to his bed for nearly a year. A stiff knee, with the limb describing nearly a right angle, was the result. Upon entrance, measurements about both knee-joints did not vary. The patella was immovable, and there was no pain or evidence of disease in or about the stiff joint. Application for surgical treatment was made in consequence of the deformity, and the inconvenience while walking. A semi-lunar incision was made across the front of the joint from the inner to the outer ham-string, through the integument and fascia. The flap thus formed was dissected up, and a triangular section, the base of which measured two and a quarter inches in width by three in length, and to which the patella was adherent, was made through the condyles of the femur, the superior extremity of the tibia being left intact. The two new osseous surfaces were approximated, and retained in apposition by means of a No. 10 silver wire passed through holes previously drilled in both femur and tibia, then twisted in front. Four small vessels were tied, the wound closed by seven silk sutures, and a cold-water dressing applied, with compression, as there was considerable oozing. The limb was bandaged to a ham-splint and afterwards packed in a fracture-box.

5. *Cellulitis of Arm.* Dr. S. CABOT.—This man's forearm was jammed between the bunters of cars about twenty-four hours before he entered the hospital. He stated that the arm swelled to twice its natural

size in fifteen minutes after the accident. On examination, the whole arm was found immensely swollen from the fingers to the shoulder. The hand and forearm were almost black, vesicated, cold, and literally as hard as a board. No arteries could be felt. There was a fracture of both bones in the middle third. Six incisions were made in the forearm, varying from an inch to two inches in length, one incision on the back of the hand, and three in the upper arm. At the point of fracture, and for some distance above and below, the cellular tissue was infiltrated with blood, and large clots were peeled out through the incisions. The hemorrhage was superficial and slight. Hot-water dressings were applied, and the arm placed upon a pillow. Four hours after the operation, the swelling had so far subsided that pulsation could be felt in the radial artery, the arm was warm, and by the next day the normal color was restored.

6. *Parotid Tumor; Excision.* Dr. H. J. BIGELOW.—Female, at 63. Eighteen years ago, there appeared over the left parotid gland an enlargement, which gradually increased for a period of eight years, when it was of the size of an English walnut. It was then excised, and the wound healed rapidly. Two years after, another growth made its appearance at the same point, and had continued to increase until her admittance, when it measured three and a half inches in its vertical diameter and two and a quarter in its transverse diameter. It protruded two inches, was slightly lobulated, and firm with the exception of the most dependent point at its summit, where there was fluctuation—the integument here being quite thin and of a livid hue. An elliptical incision was made through the integument, the flap dissected up, exposing a cyst occupying one fourth part of the bulk of the tumor. It was opened, and two drachms of a coffee-colored fluid evacuated. The solid portion was then dissected from its base, to which it was firmly adherent. Three vessels required the ligature, and the wound was closed by six sutures. Dr. Bigelow stated that "the tumor was of the variety known and classified by Mr. Paget as mixed cartilaginous."

7. *Neuus.* Dr. S. CABOT.—Cauterized with a red-hot needle.

8. *Bursa.* Dr. S. CABOT.—A bursa, situated over the tendon of the patella, and of two months' duration, was incised freely, and a pledge of lint inserted.

9. *Wen of the Prepuce; Abcision.* Dr. H. J. BIGELOW.—Congenital. Had increas-

ed slowly within the last year, and was of the shape and size of a large acorn, fluctuated, and was attached to the prepuce. It was cut off, and the wound closed by four serre-fines.

[To be continued.]

#### BOSTON CITY HOSPITAL.

Medical Cases, by J. BAXTER UPHAM, M.D., one of the Visiting Physicians.

**CASE I.—PROGRESSIVE LOCOMOTOR ATAXY;** without known cause, severe pain in lower extremities and sacral regions, diminution of sensation, irregular muscular action, incontinence of urine, loss of co-ordinate power; treatment by tonics, exercise and the electric current; apparent improvement.—J. C., aet. 32, married, a stone-cutter by occupation, was admitted into Hospital Jan. 14, 1868. The following notes were taken at the time of his admission. Family history obscure. His health has been very good up to the last three years. Habits of late fair, though he owns to venereal excesses in his youth. Has had primary syphilis, not followed by secondary disease, so far as ascertained. Nine years ago had a severe fall on his back, which confined him to his bed and room one month. Has received some injuries from an accidental fall since. Patient dates the commencement of present attack at about the first of May last, when he observed some numbness about the toes of both feet, gradually extending up the leg, so that he could not walk as freely and with as much certainty as usual—"a velvety feeling" on touching the feet to the ground. Being questioned, says he has been troubled for more than a year previously, with violent pains in the legs and lower part of body. There is a wild look about the eyes. Has not noticed any thing like double vision, but thinks his sight has become dim. Says that within a few months numbness has reached middle of legs. Has now, at times, sharp pains in ankles and almost constant prickling sensations in heels, and at times in soles of feet. Sensation, as tested by the aesthesiometer, is deadened in these parts.

There are dying pains in knees and thighs. He has incontinence of urine and inability at times to retain the contents of the rectum. The upper extremities are free. There is no tenderness along the spine. Intelligence unaffected; tongue clean, natural, does not point to either side on protrusion. Pulse normal. Appetite good. Patient can stand or walk in a right line, with his eyes open and fixed on some point straight before him. He requires care, however, in turning round,

and his feet and legs are sometimes thrown about at random, giving him the appearance of a man slightly under the influence of liquor. When he attempts to stand with his eyes closed, says he has a sense of dizziness. With his feet in close proximity and eyes shut he would fall if not supported. His muscular strength, however, is almost unabated. He feels generally pretty well. Thinks he could still pursue his calling as a stone-cutter were it not for the necessity of standing at his work.

This patient remained in Hospital about four weeks, during which time tonics were administered; was kept on a generous diet, and encouraged to exercise daily by walking about the ward. The bowels were kept regulated. A current from Farmer's thermoelectric battery was passed through lower extremities, thighs and pubes for ten minutes each day. Was ordered likewise daily frictions with a lotion consisting of tinc. capsici 3 viii., spirit. vini gallici 3.

On the 17th February the patient was removed by his friends, under the impression on his own part that he had greatly improved.

This case, it will be seen, has most of the characteristics of those reported by Duchenne, Rousseau and others. Perversion of vision was not, however, as has been much insisted on by authors, a prominent symptom. There were the severe and tearing pains in the early and later stages of the case, symptoms which have been very carefully noted in connection with the disease, but which have never, as yet, been satisfactorily accounted for. The intellect, as stated by Lockhart Clarke in his St. George's Hospital Reports of this affection, was untouched. Rousseau's test of loss of co-ordinating power over the muscular actions, viz., the trial on the part of the patient to stand with his eyes closed and feet in juxtaposition, was in marked contrast with his ability oftentimes to maintain the erect position and a pretty direct course during locomotion; the latter, under a strong determination of the will, he could accomplish satisfactorily for a short time—the former, with however great exertion, never.

But little is claimed for the treatment adopted. Some good effect may have resulted from the use of the electric current, the frictions with tonics and good diet, and the regular exercise which was enjoined. Undoubtedly the rest and quiet of the Hospital, and the freedom for a time from the ordinary harassments of life, was of service, and tended, with the improvement of the

general health, to mitigate the symptoms during the brief time he remained in the wards.

**CASE II.—EXTENSIVE CANCEROUS DISEASE in cavity of Thorax and Abdomen. Brief duration of the disease; Hydrothorax and Ascites; Perforation of Intestines, death; Autopsy.**—Patient was a male, aet. 38; married; a machinist. Came into Hospital Feb. 11th. In good health till about four weeks previously.

When first seen, had enlargement of abdomen, with ascites, urgent dyspnoea, and an expression of much anxiety and distress; profuse and general diaphoresis, with symptoms of great exhaustion. Tongue red, moist, with dirty-white coat at sides. Respiration difficult, 32. Pulse 108. No appetite, extreme thirst. Bowels had been moved by some aperient before his entrance. Urine loaded with abundant sediment of mixed urates, acid, specific gravity 1025; without albumen, pus, casts or blood globules. Heart sounds natural; no jaundice, or particular tenderness or pain in hepatic region. Abdomen swollen, tense, with fluctuation. Edema of feet and ankles.

These symptoms, in their main features, continued from day to day, rather aggravated than otherwise. Patient all along complained of weakness, exhaustion, insomnia, extreme thirst, and an undefined sense of pain in chest and abdomen.

The treatment was expectant. There being obstinate constipation, a draught of infus. sennae and sulph. magnesia was given on the 14th.

On the 15th, being still no dejection, an enema of soap and water was administered, followed by a copious operation and sense of much relief. Infus. flaxseed with sweet spirits of nitre given for drink, and morphia pro re nata, nocte. General symptoms not relieved. At 11, P.M., on 17th, House Officer was summoned, who found the patient in violent pain—referred vaguely to left side of chest and abdomen—for whic' he applied sinapisms, and injected morph. sulph. gr.  $\frac{1}{4}$  sub cœ. Patient soon after became quiet.

On the 18th, at morning visit, patient was found in great agony, tossing and rolling from side to side, striking the walls and furniture with his clenched fists—keeping the knees all the while drawn up against abdomen, which was exquisitely tender to the touch. Face pale, anxious, hippocratic. Pulse scarcely perceptible. Turpentine stupes were applied to abdomen, and morph. to extent of  $\frac{1}{2}$  gr., injected sub cœ.

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He sank rapidly, and died at 11, A.M., same day.

A negative diagnosis only had been made out, except the supposition (established at this visit) that some rupture of the intestines had now occurred, allowing the escape of their contents into the cavity of the peritoneum, to account for the sudden and intense peritonitis and extreme suffering of the patient during his last hours.

**Autopsy**—made by my House Officer, Mr. G. F. Jelly, four hours after death. Rigor mortis marked. Lower extremities œdematous. Head not examined. **Thorax**:—Cavities of pleura contained from four to six quarts of fluid. Lungs, especially the right, in a state of hypostatic congestion, œdematous, crepitating, but friable. Between the lobes of the right lung were numerous, minute, prominent yellow deposits—lower portion collapsed. Diaphragm was much thickened and pervaded, on both surfaces, by a similar deposit. There was a large mass, adherent to the ribs, on the right,  $\frac{3}{4}$  of an inch in thickness, covering nearly half of the diaphragm, to which the lower lobe of right lung was firmly glued. Heart normal. **Abdomen** much distended. On making incision, it was found to contain eight quarts of an opaque, dirty-colored fluid, of a lymph-like consistency. There was a general thickening of the peritoneum which was studded, upon its under surface, with numerous little nodules. Omentum much thickened and filled everywhere with similar masses, varying from the size of a marble to that of a hen's egg, and consisting of agglutinated and enlarged glands; a similar enlargement of the mesenteric glands throughout. The intestines were so glued together that the exact boundaries of any part could with difficulty be made out. Liver pale, somewhat increased in size. Upon upper surface of left lobe was a large, raised, yellowish white mass, an inch in diameter, and similar deposits were found on various parts of its upper and under surfaces. The walls of the gall bladder were thickened, and through them a hard mass could be felt. The pancreas was completely surrounded and imbedded in masses of indurated and enlarged glands.

Around the pyloric orifice of the stomach was a deposit similar to that found throughout the affected organs. The intestinal walls were thickened; near the lower part of the small intestine was a perforation  $\frac{1}{2}$  to  $\frac{3}{4}$  of an inch in diameter. At the point of perforation the walls of the intestine were at least  $\frac{1}{2}$  of an inch in thickness. Spleen

small and flabby, but normal. Kidneys of natural size, and presented a mottled appearance from numerous raised yellowish white deposits. Dr. Swan, who examined the diseased parts microscopically, reports as follows: "The microscopic elements are principally nuclei, round, oval and otherwise, somewhat irregular. Occasionally a rather large caudate-cell, containing one of the nuclei. In one of the softer and larger nodules of the kidney a granular or fatty degeneration of the nuclei, looking like tubercular deposit, though in view of the whole case, undoubtedly cancerous."

### Reports of Medical Societies.

OBSTETRICAL SOCIETY OF BOSTON. SECRETARY,  
HOWARD F. DAMON, M.D.

JAN. 31st, 1868, 8, P.M.—The Society met at the residence of Dr. Lyman, the President, Dr. Putnam, in the chair. Dr. Damon was elected Secretary, in place of Dr. B. Joy Jeffries, resigned.

Dr. C. D. Homans inquired as to the causes of fatty degeneration of the placenta. He reported a case of a woman who miscarried at the eighth month, and in whom one third part of the placenta was in a state of fatty degeneration. The miscarriage was a provoked one. She had had several previous miscarriages.

Dr. J. P. Reynolds reported a case in which there was fatty degeneration of the placenta at six different labors. He attended the patient at the sixth confinement. She belonged to a phthisical family.

Dr. Sinclair thought that other organs, such as the liver, were apt to be fatty in phthisical patients.

Dr. Hooker spoke of the propriety of tying the umbilical cord before the pulsations cease. If the child cries, is vigorous and healthy, he ties the cord at once.

Dr. Reynolds said that he generally pursued the same course.

Dr. Putnam said that he always tied the cord at once, and that he never saw the least harm come from so doing. He thought that it would be a harm not to do it. He never ties the portion which is attached to the placenta; and thinks, by allowing the blood to escape from the placental end of the cord, that the placenta itself becomes more readily detached, as it then acts more like a foreign body in relation to the uterus.

Dr. Reynolds thought that the placental portion of the cord should be tied, in the

case of twins. He also ties the portion of cord attached to the child a second time, in order to prevent hemorrhage from shrinking.

Dr. Ayer strips the cord, to get rid of fluid, before tying. He uses Dewees's method of dressing the cord.

Dr. Lyman asked if it was the practice for the physician to dress the cord. Dr. Reynolds thought the real patient was the mother, and that she demanded the close attention of the physician.

Dr. Ayer asked whether it was the common practice to bandage the woman.

Dr. Lyman said that he always applied the bandage, and thought it of great benefit as a support about the hips, &c.

Dr. Putnam thought it might be ill applied, so as to hinder the action of the diaphragm.

Dr. Damon reported a case of rupture of a vein of the cord from improper dressing. The case was in the practice of another physician, and this duty had been entrusted to the nurse. A good-sized napkin had been used; and its weight had caused so much traction that the rupture in the vessel was produced at the distance of half an inch from the umbilicus. In the absence of the regular medical attendant, a ligature was applied by Dr. D. between the point of rupture and the umbilicus, and the hemorrhage immediately ceased. The bleeding had been so profuse that the child died three hours afterwards, in consequence of exhaustion.

Dr. Reynolds reported the case of a woman, 22 years of age, who menstruated in May last, and who attempted to procure abortion on herself by the use of a variety of emmenagogues, such as large doses of ergot, &c. He saw the patient in November. She had had no menses then. The abdomen was not perceptibly enlarged. In January, there was uterine hemorrhage, and a decidua was passed with the urine. This was followed, in two or three days, by an ovum twice the size of a hen's egg. It was his opinion that the ovum was destroyed in the second month, and carried until the eighth month.

Dr. Sinclair reported a case of phlegmasia alba, or *painless* white swelling of the lower extremity, which he had just seen for the first time. During the fifth month of her fourth pregnancy, the patient was seized with what was said to be pleuro-pneumonia, which confined her to the bed nearly six weeks. Immediately afterwards, the swelling commenced in the ankle and leg. She was delivered at the expiration of three

months, but the swelling continued. During the last six months, it has increased. The circumference of the swollen thigh now measures four inches more than the healthy one; and there is even greater difference in the circumference of the calves of the legs. There is no appearance of varicose veins, and there never has been pain in the groin, nor in the affected limb. The surface does not pit upon pressure, and is of a clear white—as white as marble. The swelling has continued two and a half years. Dr. Sinclair was of the opinion that this condition was due to disease of the lymphatic vessels belonging to the lower extremity. This patient was confined two years ago last September, and had a tedious labor. She was a fine, healthy-looking woman, but has been somewhat nervous during the past year, and does not sleep as well as usual. Her general health was improved, one or two seasons, while at the mountains, from exercise and change of air. Dr. Sinclair said that he had then under treatment a genuine case of phlegmasia alba dolens, or *painful* white swelling of the leg, and the contrast in the symptoms of the two cases was very striking.

Dr. Reynolds inquired whether any injurious effects were known to result to the fetus from the administration of the bromide of potassium in pregnancy.

Dr. Sinclair said that large doses of the chlorate of potassa had been given during pregnancy, with the view of preventing chalky degeneration of the placenta.

Dr. Lyman thought that the too free use of the bromide of potassium had a tendency to injure digestion.

Dr. Reynolds mentioned a case of bromism. The patient was scarcely able to walk or stand; he had a tottering gait, and slept the greater part of the twenty-four hours. He slept from 6, P.M., until 9, A.M., and had frequent naps during the day.

Adjourned at 10, P.M.

DR. WILLIAM JENNER, Professor of Medicine at University College, Physician in ordinary to the Queen, to whose investigations the profession owes much of its knowledge of the distinctions between typhus and typhoid fevers, has received the honor of knighthood.

M. Laugier has been elected to the place in the Académie des Sciences left vacant by the death of Velpeau.—M. Davaine has been elected to the Académie Impériale de Médecine to fill the place which Troussseau's death left vacant.

## Bibliographical Notices.

*Treatise on the Diseases of the Eye, including the Anatomy of the Organ.* By CARL STELLWAG VON CARION, M.D., Professor of Ophthalmology in the Imperial Royal University of Vienna. Translated from the Third German Edition and edited by CHS. E. HACKLEY, M.D., and D. B. St. JOHN ROOSA, M.D. With an Appendix by the Editors. New York: Wm. Wood & Co. Pp. 774.

RESERVING for a future time a more extended and proper review of this work, we cannot perhaps at present do better in this brief notice than quote the following from the translators' preface:—"The time has certainly come when a complete and acceptable treatise on the diseases of the eye, including its minute anatomy, will be cordially received by the American medical profession. We hope that the translation of Prof. Stellwag's book, herewith presented, may prove to be such a work.

"Doubtless, a compilation adapted more especially to the professional habit of thought in England and the United States would have some advantages over a work originally prepared for medical men speaking another tongue. But we have believed that the present work presented sufficient advantages to outweigh any such objections to it.

"Moreover, without disregarding the great assistance rendered by English and French surgeons, we must consider the present advanced position of ophthalmology as due, in a great measure, to the labors of the Germans. Under these circumstances, it seems just to recognize this fact by presenting a text-book which is regarded as one of the best in the German language.

"We had nearly finished a translation of the second edition, when the author informed us that a third was in preparation. The changes and additions were so many that we found it necessary to begin our work anew, and we accordingly translated this third edition from advance sheets sent by the author. Thus our labors as translators were greatly increased, but, on the other hand, we found very little to do as editors.

"Our work has been conscientiously performed, and yet, undoubtedly, many imperfections will be found, for which we ask the indulgence of the profession. We offer this book to our professional brethren with the firm conviction that those who give it a careful study will thereby lay the founda-

tion for a thorough practical knowledge of the diseases of the eye."

This, from a knowledge of the work in the original, and our inspection of the translation, we take great pleasure in being able to heartily and honestly endorse. Certainly our thanks are due to Drs. Hackley and Roose for their labors in presenting Stellwag's book to the American medical public. Stellwag is by no means an easy author to render into English.

When we first heard that the translators were about to publish Stellwag's work, our impression was that it would have been perhaps better to have selected Wecker for re-appearance in this country, but we now feel that they were right, more especially as French is much more widely read and understood than German. Ophthalmology has within the last few years so pressed its claims that physicians and surgeons are quite often anxious to read for themselves, and till now the ophthalmic surgeon has had to refer his professional brother, desirous of reading in plain English the basis for his ideas, to a variety and a number of smaller works of which Stellwag's complete treatise will cover the whole ground.

With reference to the publisher's part of the work, we consider it highly creditable; and if the wood-cuts are not quite up to the original in clearness, it may be readily excused when we take into consideration the very heavy expense of reproducing plates in this country, and the large size of the volume.

J.

URETHRA AFTER HOLT'S OPERATION.—Dr. Alex. Miller showed to the Edinburgh Medico-Chirurgical Society the bladder and urethra of a man who had suffered from stricture for many years. The stricture was "ruptured" according to Mr. Holt's method. The case proceeded perfectly satisfactorily till about a fortnight after the operation, when the patient took ill and died of obstruction of the bowels from a double twist on the ileum. The preparation shows the urethra without a trace of stricture or injury, eighteen days after rupture of the stricture; a remarkable testimony to the efficacy and safety of Mr. Holt's operation.—*Edinburgh Med. Journal.*

THE London *Times* states that an attempt was recently made to send through the post office a limb for dissection, but it was detected by its smell, and rejected.

## Medical and Surgical Journal.

BOSTON: THURSDAY, MARCH 19, 1868.

### MASSACHUSETTS GENERAL HOSPITAL.

THE Fifty-fourth Annual Report of the Trustees of the Massachusetts General Hospital is before us. Early in their report they remark on the sad fact that "Dr. J. Mason Warren, the chief of the present professional staff, and the venerable Dr. James Jackson, the Nesfor of the medical profession in New England, have both died since the last report was made," and give at length the resolutions passed in respect for their memory.

From the annexed report of Dr. Benjamin S. Shaw, Resident Surgeon, it appears that the number of patients at the hospital on January 1, 1867, was 95; received during the year, 1,206; total, 1,301. Of those received during the year, Americans, 46 per cent.; foreigners, 54 per cent. Fatal cases, 7½ per cent. By recapitulation:—Hospital patients, 1,301; surgical out-patients, 1,596; dental patients, 973; medical patients, 2,957. Total, 6,827."

The Trustees give the following history and description of the new operating theatre:—

"In the last Annual Report reference was made to the importance of building a new and improved Operating Theatre. Plans were prepared by Messrs. Emerson and Fehmer, which met the approval of the professional staff of the Hospital, and on the 27th of March they were adopted by the Trustees, and a Building Committee, consisting of Messrs. Rogers, Bullard and Storrow, was appointed, with full authority to construct the Theatre, at a cost not exceeding \$50,000. The work has been prosecuted under the direction of the Messrs. Harmon, and will be completed in a few days. A safe and commodious elevator has been added to the west end of the Hospital, by means of which patients can be conveyed to and from the different stories upon their beds, through a covered gallery, leading to the new Theatre, thus avoiding the discomfort of being taken upon stretchers up and down flights of stairs. The extreme dimensions of the new building are 124 by 84 feet. The Theatre proper is 57½ by 47½ feet, and 42 feet high. The structure contains convenient rooms for the reception of

patients, both before and after operations, rooms for etherization, for sulphur and other baths, waiting and examination rooms for out patients, a private operating room, offices for the surgeons and physicians, and the large Operating Theatre. No care or expense has been spared to make this Theatre as perfect as possible, both in relation to its requirements as an operating room and as affording the best opportunities to students for observing the operations themselves. The students will enter directly from the garden or by the gallery, and thus avoid the fatigue and annoyance of mounting several flights of stairs. Comfortable seats are provided for 380 persons, so arranged that each one will command an uninterrupted view of the table. Great care has been taken to secure light, heat and ventilation, and every available facility for affording the patient all the comforts which may mitigate his suffering and enable the surgeon to use his skill to its utmost limit. By this important addition to the Hospital, the surgical patients and students will be by no means the only gainers, since a much greater degree of quiet will ensue in the wards and halls of the main building.

Passing now to the Report of the Superintendent of the McLean Asylum for the Insane, we find a most interesting account of Dr. Tyler's experience among the asylums of Europe, last summer. So much has been said about the benefits of the domiciliary treatment of the insane at Gheel, that we quote the description of this institution in full:—

"In Belgium is the Colony of Gheel, a curious and interesting place; the town contains twenty-two hundred families, seven hundred of which have in their charge more than a thousand idiots and insane persons, and seven hundred others are ready to do the same thing. Gheel is located on a sandy plain; the village is a collection of plain stone and brick cottages, joining each other, and extending upon both sides of one long and several short streets. There are shops of different kinds, several inns and churches, one of which contains the Shrine of Saint Dymphne, the "patronne" of Gheel. At a short distance from the village is a substantial brick building, capable of containing fifty persons; this is the Infirmary. Here the Physician-in-Chief lives, and here all new comers are received and remain until their peculiarities are known and a suitable family can be selected for their home; hither also are taken all who become

violent or suicidal, or troublesome. The Colony is divided into several sections, and each of these has its physician and "guard." The latter is not a professional man; his duty is to look after the material wants of the patients, to see that they are well treated, and to give aid in any emergency. The Physician-in-Chief has the general direction and control, and to him the Section Physicians and guards report. The village constitutes a section, where those who are entirely quiet and well behaved live. In the other sections the cottages of the peasants are at some distance from each other, and are scattered over the whole commune. One section is devoted to epileptics, another to paralytics, and the one the most retired to the demonstrative and the noisy. In company with Dr. Bulckens, the Physician-in-Chief, I visited a large number of the houses in the village, and on another day went through the quarter of the excited. The patients are members of the family in which they reside, and fare as they do with the exception that they usually have the best rooms of the house. They are taught to obey their "nourriciers," and they hold to them much the relation of children in respect to discipline and expected obedience. Under this control they go to the field or shop to work, or, if incapable of labor, play, or busy themselves in some way about the house. Those who are disposed to run away wear shackles about the ankles; those who become troublesome are strapped in chairs or upon the bed. The cottages in which these people live are cabins of stone or brick, with little light, and having rough stone or earth floors, and, with the exception of a few in the village, are not tidy. One house only in the village could be called commodious and pleasant. This, with at most two others, were the only ones in which an American mechanic of any thrift would be content to live. The patients appeared to be kindly treated, though some of them told me that they were "sometimes beaten with a stick;" this might not have been so, but in any hospital it would be inquired about, and probably is there. Some of the pensionaires stroll idly about the streets, and these are exposed to the teasing of mischievous boys. One came into the hotel while I was dining and drank his glass of "eau de vie;" another, a woman, came in and was so loud and violent in her language as to disturb everybody. The landlady laughed at her, and calling her a great babbler, quietly sent her away.

"The foregoing account would seem

strange enough if nothing more were added, and, although true, would, without explanation, give an entirely untrue representation of what is really the sphere of this Colony. But the law of the country does not allow any person to be sent to Ghelu, who, upon examination, can be considered curable, nor of incurables any one who is homicidal, suicidal, violent, of vicious propensities, or likely to run away. Only those who are quiet and docile can go there. Those who become otherwise after their arrival are restrained in their cabins or taken to the Infirmary, and if they continue so are removed to some hospital. A great majority are idiots, imbeciles, and the demented by epilepsy, paralysis, and from other causes. Only one person did I see, who, by the most sanguine stretch of hope, could be esteemed curable. They are persons who could be taken care of in a private family in any country, and are selected with this view; they are persons who would not be sent to a hospital in this country if they had any home, and for whom an American Superintendent would not consider a hospital requisite. And yet with all this care and sifting in their selection, there are some whom they do not manage, except with shackles on their feet—some who are confined to chairs and beds—some who commit acts of violence, and some who offend the moral sentiment even of Ghelu."

In England, says Dr. Tyler, the wealthier class of Insane are treated in private asylums.

"The smaller of the private establishments differ little from private houses, none having been built for the special purpose. The larger are sometimes one and sometimes several large houses, with parlors, reading and billiard-rooms below, and sleeping-rooms above stairs, and a dining-room for every one, two, or more persons, as they desire or choose to pay for. There is every facility for amusement and diversion; all have quite large and beautiful grounds—the fine English lawn, which in itself is of great beauty, the shrubbery and exquisite flower-beds and charming walks. Then there are the cricket, and bowling, and croquet-grounds, and tennis courts, and varieties of birds, statuary, and objects of curiosity, and abundant means of riding and driving, and in one instance horses and hounds are kept and used upon the large and splendid estate."

This system is open to abuse; and it has the drawback of having no provision for *work* for the males. In England, also,

"Another great hindrance to the curative treatment of insanity comes from the fear lest the occurrence of a case of the malady in the families of the higher classes should be known, which leads to retaining the patient at home with that sort of service and immethodical attention which is more likely to aggravate than to ameliorate the disorder, and this is apt to be continued until the case becomes incurable. There is a feeling akin to the above in this country, a fear of the publicity which the taking a person to an Asylum gives, and a belief that this in some way fixes the fact of insanity. This feeling is very much less than it once was, and decreases as people take in the view that insanity is a disease and not a misstep to be ashamed of. But in England it is thought to be a disgrace; it is dreaded equally with crime and worse than death."

Even in our own community, the writer deems it necessary to answer certain objections, as follows:

"A fear is sometimes expressed that the mutual influence of the insane in Hospitals may be injurious. Were it true that all sorts of cases, the gentle and the furious, the quiet and the boisterous, the scrupulously conscientious and the profane, were mixed together in a general jumble, the propriety of aggregation might well be questioned. It is true that some forms of disorder would only be aggravated by association with certain others. In all our Hospitals this is recognized even in their construction. A most careful system of classification is instituted, and is a matter of daily study and revision, so that those shall be domiciled together who will pleasantly and favorably influence each other, and not otherwise. Experience proves that this can be done, and that by association the insane can do for each other what the sane cannot do for them."

We cannot close better than by quoting Dr. Tyler's final remarks.

"Every step taken in providing for the insane should recognize that they are sick, that their sickness is oftentimes curable, and, like other maladies, curable in proportion to the promptness with which treatment follows the attack, and that therefore as few obstacles as possible should be in the way of their receiving treatment—that some restraint is necessary for this class and for the demonstrative, that others can be safely allowed a large amount of personal freedom, that all are dependent in differing degrees upon others to look after and act

and care for them, some needing but little attention, others being easily guided, while a portion cannot, without aid, make a single move in a right direction; that it is a bounden duty to meet every want as far as possible, to afford every necessary comfort, everything pleasing to the eye and every agreeable diversion to the thoughts, so that these sufferers may be compensated as far as it lies in human power for their great misfortune—the loss of reason."

COMMENCEMENT AT THE MEDICAL SCHOOL OF HARVARD UNIVERSITY.—The annual commencement exercises were held at the College on Wednesday, the 11th inst. After a prayer by the President, and the reading of dissertations by several members of the graduating class, the degrees were conferred upon the graduates. The names of these gentlemen were given in our last issue.

The annual address was then delivered by Samuel Eliot, LL.D. Mr. Eliot spoke of the study of the human organism and the science of medicine as the grandest of all studies. Medicine found its proper sphere not only in the treatment of diseases, but in the measures fitted to prevent their occurrence; and the benefits of suitable sanitary and hygienic measures in checking disease were referred to. He deprecated the too prevalent mania for the foundation of new schools, and recommended that the efforts put forth in this direction be turned to providing for the better support of those now existing. Only in this way could the demand which the community had a right to make for the thorough education of the physician be complied with, while the multiplication of schools must tend to lower the standard of professional attainments. The needs of the Medical Department of Harvard University and its claims upon the community were set forth, and the establishment of free scholarships in medicine, as in other departments, was advised. In conclusion, the recent graduates were exhorted to maintain the high reputation of the school.

The exercises were concluded with a benediction by the President of the College.

ELECTION OF HOUSE OFFICERS AT THE CITY HOSPITAL.—Thirteen candidates presented

themselves for the posts of house officers at the City Hospital for the ensuing year. After a competitive examination, held on the 14th ult., the following were elected:—Senior House Physician, O. W. Doe; Junior House Physician, F. W. Goss. Senior House Surgeon, F. W. Draper; Junior House Surgeons, J. H. McCollom, Geo. B. Shattuck. Ophthalmic Interne, Henry F. Borden; Ophthalmic Externe, A. R. Hahn.

RADICAL CURE OF HERNIA.—We take the following from a notice in the *Med.-Chir. Rev.*, of "Clinical Surgery in India," by Dr. Fayrer, Prof. of Surgery at Calcutta. In endeavoring to produce a radical cure in cases of hernia, Dr. Fayrer has used Wützer's method, and a modification of it devised by himself. The modification is very slight, and consists chiefly of an alteration in the shape of the wooden plug which is employed to retain the invaginated skin; so that the principle of the operation is the same as that of the German one. Both of these methods seem to have yielded very fair results; and, as Dr. Fayrer subjected his patients to severe tests before he reported his cases, we are bound to give due weight and consideration to his statistics. By Wützer's method he reports 12 cured and 7 benefited, out of 22 patients who were operated on. By his own method he reports 24 cured and 6 benefited, out of 38 patients who were submitted to operation. In no case was there any serious symptom, still less any fatal issue, arising from the attempt to bring about a radical cure of the disease. These figures must be considered satisfactory, as far as they go. They are probably as favorable as those which can be quoted in support of any operation of this class; for it seems tolerably certain that we have not yet found means (if, indeed, we ever shall find means) of effecting a radical cure in all cases of this formidable disease.

HEARTBURN.—Dr. F. W. Pavy (*Digestion and its Disorders*) says, in speaking of this very common complaint, that rich living is a frequent source of its production. He is inclined to think that the burning sensation at the pit of the stomach is due to a retrograde flow of bile into the cavity of the viscera, but Dr. Leared believes it to be produced by butyric acid, either taken with pastries or formed in the process of imperfect digestion. The treatment advised is mainly comprised in the administration of alkaline reagents.—*Med. Gazette*.

## Selections and Medical Items.

**DANGEROUS EFFECTS FROM THE NEW ANESTHETIC, TETRACHLORIDE OF CARBON.**—Dr. Andrews reports, in the *Chicago Medical Examiner*, a case under his care in which trial was made of the new anesthetic by Dr. Protheroe Smith, of London. The patient was in a very exhausted and anæmic condition from the effects of hip-joint disease, and the operation (resection) was performed as a last resort. The anesthetic was administered upon a napkin placed in a paper cone and held a short distance from the face. All went well at first, but in a few minutes the pulse suddenly increased in frequency until it became too rapid to count, and at the same time the patient complained of violent pain, as of cramp, in the region of the heart. In a moment more, the pulse and respiration had ceased. The employment of artificial respiration, together with other measures, revived the patient, and ether was used to complete the operation. Dr. Andrews adds:—"The patient was much nearer death than I ever saw one go under ether. I certainly shall not venture on the use of the article again, unless very extensive experience by others demonstrates its safety."—*Pacific Med. and Surg. Journal*.

**FATTY TUMOR NEAR THE ANUS.**—Dr. Day reported the case to the Medical Society of London. A gentleman had consulted him for irritation of the rectum, when, on examination, the swelling, which was as big as a hazel nut, was discovered. It was at first thought to contain fluid, but on puncturing it its real fatty nature was ascertained. Dr. Day brought it forward chiefly on account of its rare position, and of its being an appropriate sequel to a case the President had exhibited, of fatty tumor in the dorsum of the foot, at a previous meeting.—*Lancet*.

**CHRONIC PLEURISY TREATED WITH TANNIN.**—Dr. Duboné, of Pau, records in the *Bulletin de la Société de Med.-Chir. de Bordeaux* (Bull. de Thér. lxxiii., p. 47, July 15, 1867), two cases in which extensive pleuritic exudation, with perforation to the bronchi and fast failing of general health existed. Both patients received sixty centigrammes of tannin daily, and after some days unmistakable improvement set in, which was followed by entire recovery. According to Duboné, the favorable effect is produced by diminishing the secretions of the bronchial tubes and pleura and improving nutrition.—*Med. & Surg. Reporter*.

**ABNORMALITY OF THE KIDNEYS.**—Mr. Kelley recently exhibited the specimen to the Pathological Society of London, there being two on the right side and none on the left. They were placed the one above the other, the right being uppermost.—*Lancet*.

**HORSEFLESH IN ENGLAND.**—A luncheon off horse, the *Parochial Critic* tells us, took place at the Queen's Elm, Fulham road. Fourteen guests sat down to the table, and were unanimous in their approval of horseflesh.—*Med. Times & Gaz.*

**DR. JOHN DAVY.** brother of Sir Humphrey, widely known for his physiological researches, died in January, aged 77.

**SIR DAVID BREWSTER,** the distinguished philosopher, and the venerable Principal of the University of Edinburgh, died Feb. 11th, aged 87. Among those mentioned as successor of Sir David Brewster are Mr. Syme, Prof. Playfair, Sir Wm. Thomson, Sir Alex. Grant, Sir James Y. Simpson and Prof. Christison.

In the Medical Department of the Louisville (Ky.) University, March 2d, the medical degree was conferred upon forty-six graduates.

In the Cincinnati Medical College, there were nine graduates; in the Miami Medical College, same city, twenty-nine; Medical College of Ohio, fifty-four.

**DR. CHARLES CARROLL LEE** has been appointed Visiting Physician to the Charity Hospital, Blackwell's Island, New York, vice Dr. F. A. Burrall, resigned.

### MEDICAL DIARY OF THE WEEK.

**MONDAY, 8 A.M.**, Massachusetts General Hospital, Med. Clinic; 9 A.M., Medical Lecture. 9 A.M., City Hospital, Ophthalmic Clinic.

**TUESDAY, 9 A.M.**, City Hospital, Medical Clinic; 10, A.M., Medical Lecture. 9 to 11, A.M., Boston Dispensary. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

**WEDNESDAY,** Massachusetts General Hospital, Surgical Clinic, 9 A.M., City Hospital, Ophthalmic Clinic, 9, A.M., Chelsea Marine Hospital.

**THURSDAY, 8 and 9, A.M.**, Massachusetts Gen. Hospital, Medical Clinic and Lecture. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

**FRIDAY, 9 A.M.**, City Hospital, Ophthalmic Clinic; 10, A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11, A.M., Boston Dispensary.

**SATURDAY, 10 A.M.**, Massachusetts General Hospital, Surgical Visit; 11, A.M., OPERATIONS.

A Bulletin of Expected Operations, in both the Hospitals, will be found, weekly, at the office of the *Boston Medical and Surgical Journal*, and at Messrs. Codman & Shurtleff's, 13 and 15 Tremont Street.

**TO CORRESPONDENTS.**—Communications accepted—Cases of Ovariotomy.—Poisoning by Bromide of Potassium.—On Sulphate of Zinc in Dyspepsia.—Another Use for Bromide of Potassium.—Exposition of the Lingual Nerve.—Cases of Acute Bright's Disease.

Communications declined.—On the Dynamics of Inflammation.

**BOOKS AND PAMPHLETS RECEIVED.**—*Electro-Physiology and Therapeutics; being a Study of Electrical and other Physical Phenomena of the Muscular and other Systems during Health and Disease, including the Phenomena of the Electrical Fishes.* By Charles E. Morgan, A.B., M.D. New York : Wm. Wood & Co. 1868.—First Annual Report of the Trustees of the Peabody Museum of American Archaeology and Ethnology.

**DEATHS IN BOSTON** for the week ending Saturday noon, March 14th, 1868, 108. Males, 50—Females, 58. Accident, 3—aneurism, 1—apoplexy, 2—congestion of the brain, 1—disease of the brain, 1—inflammation of the brain, 2—bronchitis, 1—cancer, 4—consumption, 24—convulsions, 3—debility, 1—diarrhea, 1—diphtheria, 5—dropsy, 2—dropsy of the brain, 2—erysipelas, 2—scarlet fever, 7—gastritis, 2—hemorrhage, 1—disease of the heart, 2—infantile disease, 1—intemperance, 3—disease of the kidneys, 2—disease of the liver, 3—congestion of the lungs, 2—inflammation of the lungs, 3—marasmus, 2—measles, 2—old age, 2—paralysis, 2—peritonitis, 1—pleurisy, 1—premature birth, 2—puerperal disease, 2—scoliosis, 1—disease of the spine, 1—suicide, 1—unknown, 8—varicella, 1—whooping cough, 1.

Under 5 years of age, 39—between 5 and 20 years, 15—between 20 and 40 years, 30—between 40 and 60 years, 15—above 60 years, 11. Born in the United States, 79—Ireland, 21—other places, 8.